

34413

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 15 1950

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>POLASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Winnipeg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Winnipeg</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Rachel</u> (First) <u>Susan</u> (Middle) <u>Phillips</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 28, 1871</u>
9. AGE (In years) <u>79</u> (Months) <u>8</u> (Days) <u>28</u>		10. AGE (In years) <u>79</u> (Months) <u>8</u> (Days) <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George GAN</u>		13b. MOTHER'S MAIDEN NAME <u>Susan MOART</u>	
14. NAME OF HUSBAND OR WIFE <u>William H. Phillips</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Phillips</u>		ADDRESS <u>Winnipeg Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 23</u> , 19 <u>50</u> , to <u>Oct. 26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 23</u> , 19 <u>50</u> , and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Maltz</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Proctor Mo</u>	
23c. DATE SIGNED <u>Oct 28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/29/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Polaski County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-30-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckner</u> ADDRESS <u>Winnipeg Mo</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedge</u>		ADDRESS <u>Winnipeg Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 18-30-50
Pulaski County Health Officer
File Number
Date Filed 18-30-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4265

P. O. Address

Shenandoah, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.